

SERFF Tracking Number:	ARKS-125636826	State:	Arkansas
Filing Company:	18767 - CHURCH MUTUAL INSURANCE CO	State Tracking Number:	#396938 \$100
Company Tracking Number:	WC-12		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Worker's Compensation		
Project Name/Number:	/		

Filing at a Glance

Company: 18767 - CHURCH MUTUAL INSURANCE CO

Product Name: Worker's Compensation	SERFF Tr Num: ARKS-125636826	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: #396938 \$100
Sub-TOI: 16.0000 WC Sub-TOI Combinations	Co Tr Num: WC-12	State Status: Fees verified and received
Filing Type: Rate	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author:	Disposition Date: 05/13/2008
	Date Submitted: 05/06/2008	Disposition Status: Approved
Effective Date Requested (New): 07/01/2008		Effective Date (New): 07/01/2008
Effective Date Requested (Renewal):		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments:
Reference Organization: NCCI	Reference Number: AR-2008-02
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 05/13/2008	
State Status Changed: 05/07/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Loss cost adoption with change to loss cost multipliers.	

Company and Contact

Filing Contact Information

NA NA,	NA@NA.com
NA	(123) 555-4567 [Phone]

SERFF Tracking Number:	ARKS-125636826	State:	Arkansas
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Worker's Compensation		
Project Name/Number:	/		

NA, AR 00000

Filing Company Information

18767 - CHURCH MUTUAL INSURANCE CO	CoCode: 18767	State of Domicile: Arkansas
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	

SERFF Tracking Number:	ARKS-125636826	State:	Arkansas
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Product Name:	Worker's Compensation		
Project Name/Number:	/		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
396938	\$100.00	

SERFF Tracking Number:	ARKS-125636826	State:	Arkansas
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Worker's Compensation		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	05/13/2008	05/13/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	05/07/2008				
Industry						
Response						

<i>SERFF Tracking Number:</i>	<i>ARKS-125636826</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>18767 - CHURCH MUTUAL INSURANCE CO</i>	<i>State Tracking Number:</i>	<i>#396938 \$100</i>
<i>Company Tracking Number:</i>	<i>WC-12</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Worker's Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 05/13/2008

Effective Date (New): 07/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125636826 State: Arkansas

Filing Company: 18767 - CHURCH MUTUAL INSURANCE CO State Tracking Number: #396938 \$100

Company Tracking Number: WC-12

TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Worker's Compensation

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	ARKS-125636826		Yes

SERFF Tracking Number: ARKS-125636826 *State:* Arkansas
Filing Company: 18767 - CHURCH MUTUAL INSURANCE CO *State Tracking Number:* #396938 \$100
Company Tracking Number: WC-12
TOI: 16.0 Workers Compensation *Sub-TOI:* 16.0000 WC Sub-TOI Combinations
Product Name: Worker's Compensation
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/07/2008

Submitted Date

Respond By Date

Dear NA NA,

Reference Filing Nos. AR-2008-02 and AR-2008-07

Eff. Date 7/1/08

Emailed 5/7/08. AR-2008-02 is the NCCI loss cost filing that will be effective on 7/1/08 and I can approve that part of the filing. I have no record of a NCCI Item filing with the # AR-2008-06. Can you tell me what it is supposed to be?

Please feel free to contact me if you have questions.

Sincerely,

<i>SERFF Tracking Number:</i>	<i>ARKS-125636826</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>18767 - CHURCH MUTUAL INSURANCE CO</i>	<i>State Tracking Number:</i>	<i>#396938 \$100</i>
<i>Company Tracking Number:</i>	<i>WC-12</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Worker's Compensation</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ARKS-125636826 State: Arkansas
Filing Company: 18767 - CHURCH MUTUAL INSURANCE CO State Tracking Number: #396938 \$100
Company Tracking Number: WC-12
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Worker's Compensation
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125636826

05/13/2008

Comments:

Attachment:

ARKS-125636826.pdf

CH#39693P

\$100

ARMS-175636826



CS

May 1, 2008

Approved until withdrawn
or revoked

JUL 01 2008

Arkansas Insurance Department
By: *CKS*

HONORABLE JULIE BENAFIELD BOWMAN
COMMISSIONER OF INSURANCE
ARKANSAS DEPARTMENT OF INSURANCE
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

RECEIVED

MAY 06 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

RE: Church Mutual's Workers' Compensation Rate Filing
Reference Filing Nos. AR-2008-02 and AR-2008-06 *CKS*
Effective Date: July 1, 2008
File No. WC-12

Dear Commissioner Bowman:

Enclosed are the appropriate rate filing forms.

We are requesting an effective date of July 1, 2008, for this filing.

An additional copy of this letter is enclosed for you to indicate your approval and return in the enclosed self-addressed, stamped envelope.

If you have any questions, please contact me at (800) 554-2642, select Option 4, and enter Extension 4749, or you may e-mail me at lreichelt@churchmutual.com.

Sincerely,

Lynn A. Reichelt

Lynn A. Reichelt, AIC
Director--Casualty Lines

mme

Enclosures: \$100 Filing Fee Check
RF-1
Reference Filing Adoption Form
Calculation of Company Loss Cost Multipliers
Self-Addressed, Stamped Envelope

c: LIZ LUZADDER
DATA VALIDATION DEPT
NCCI
901 PENINSULA CORPORATE CIR
BOCA RATON FL 33487

Carol Stiffler

From: Carol Stiffler
Sent: Tuesday, May 13, 2008 2:20 PM
To: LReichelt@churchmutual.com
Subject: RE: Church Mutual's WC Rate Filing # WC-12

Thank you. I'm approving the filing.

Carol Stiffler
Arkansas Insurance Dept.
Property & Casualty Division
1200 W. 3rd St.
Little Rock, AR 72201-1904
501-371-2807
501-371-2748 (FAX)
carol.stiffler@arkansas.gov

From: LReichelt@churchmutual.com [mailto:LReichelt@churchmutual.com]
Sent: Tuesday, May 13, 2008 2:16 PM
To: Carol Stiffler
Subject: RE: Church Mutual's WC Rate Filing # WC-12

I apologize Carol, for the confusion.
The Item # AR-2008-02 is the loss cost filing I am referring to.

Lynn A. Reichelt, AIC
Director--Casualty Lines
800-826-0006 ext 4749

This e-mail message is confidential, intended only for the named recipient(s) above and may contain information that is privileged, attorney work product or exempt from disclosure under applicable law. If you have received this message in error, or are not the named recipient(s), please immediately notify the sender by telephone and delete this e-mail message from your computer.

Thank you.

"Carol Stiffler" <Carol.Stiffler@arkansas.gov>

To <LReichelt@churchmutual.com>

cc

05/13/2008 02:11 PM

Subject RE: Church Mutual's WC Rate Filing # WC-12

That's the problem. We don't accept circular numbers. I need you to tell me what the Item Filing # is that you are adopting. We do not see the circulars. Several circulars can refer to the same Item Filing. One circular can refer to many item filings. The item filing # is the unique number for the filing. If I had to testify what loss costs you are using, I couldn't

5/13/2008

because I never got the Item Filing #. The item filing number can be found in the body of the circular.

Carol Stiffler
Arkansas Insurance Dept.
Property & Casualty Division
1200 W. 3rd St.
Little Rock, AR 72201-1904
501-371-2807
501-371-2748 (FAX)
carol.stiffler@arkansas.gov

From: LReichelt@churchmutual.com [mailto:LReichelt@churchmutual.com]
Sent: Tuesday, May 13, 2008 2:03 PM
To: Carol Stiffler
Subject: Re: Church Mutual's WC Rate Filing # WC-12
Importance: High

Carol,

AR-2008-06 is NCCI's Circular number for the Arkansas Loss Costs APPROVAL circular.
If you have any further questions, please let me know.

Lynn A. Reichelt, AIC
Director--Casualty Lines
Church Mutual Insurance Company
800-826-0006 ext 4749

"Carol Stiffler" <Carol.Stiffler@arkansas.gov>

05/07/2008 01:01 PM

To <lreichelt@churchmutual.com>
cc

Subject Church Mutual's WC Rate Filing # WC-12

Reference Filing Nos. AR-2008-02 and AR-2008-07
Eff. Date 7/1/08

This will acknowledge receipt of the captioned filing. AR-2008-02 is the NCCI loss cost filing that will be effective on 7/1/08 and I can approve that part of the filing. I have no record of a NCCI Item filing with the # AR-2008-06. Can you tell

5/13/2008

me what it is supposed to be?

Carol Stiffler
Arkansas Insurance Dept.
1200 W. 3rd St.
Little Rock, AR 72201-1904
501-371-2807
501-371-2748 (FAX)
carol.stiffler@arkansas.gov

This email has been scanned by the MessageLabs Email Security System.
For more information please visit <http://www.messagelabs.com/email>

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ARKANSAS DATA ENTRY FORM

Insurer Name: Church Mutual Insurance Company
NAIC Number: 18757
Name of Advisory Organization Whose Filing You Are Referencing: 18757
Co. Affiliation to Advisory Organization: Subscriber ☒ Member ☐
Reference Filing #: AR-2008-02 Effective Date: July 1, 2008
AR-2008-06

Contact Person: Lynn Reichelt
Signature: Lynn A. Reichelt
Telephone No. 1-800-544-2642 Ext. 4749
Service Purchaser: _____

(1) LINE OF INSURANCE By Coverage		(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	(4) Expected Loss Ratio	FOR LOSS COSTS ONLY			(8) Co. Current Loss Cost Multiplier
					(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	
Class Code	5403	-40.98%	-18.25%	77.09%	1.079	1.260	\$140	1.275
Class Code	7380	-40.98%	-26.13%	77.09%	1.079	1.260	\$140	1.275
Class Code	8810	-40.98%	-12.16%	77.09%	1.079	1.260	\$140	1.275
Class Code	8824	-40.98%	0.00%	77.09%	1.079	1.260	\$140	1.275
Class Code	8742	-40.98%	-17.20%	77.09%	1.079	1.260	\$140	1.275
Class Code	9040	-40.98%	-9.77%	77.09%	1.079	1.260	\$140	1.275
Class Code	8829	-40.98%	0.00%	77.09%	1.079	1.260	\$140	1.275
Class Code	8835	-40.98%	0.00%	77.09%	1.079	1.260	\$140	1.275
Class Code	8868	-40.98%	-14.81%	77.09%	1.079	1.260	\$140	1.275
Class Code	8869	-40.98%	-12.16%	77.09%	1.079	1.260	\$140	1.275
Class Code	9015	-40.98%	-21.93%	77.09%	1.079	1.260	\$140	1.275
Class Code	9033	-40.98%	0.00%	77.09%	1.079	1.260	\$140	1.275
Class Code	9059	-40.98%	-16.02%	77.09%	1.079	1.260	\$140	1.275
Class Code	9101	-40.98%	-11.46%	77.09%	1.079	1.260	\$140	1.275
All Remaining Classes		-40.98%	-13.82%	77.09%	1.079	1.260	\$140	1.275
TOTAL OVERALL EFFECT		-40.98%	-11.85%	77.09%	1.079	1.260	\$140	1.275

N Apply Lost cost Factors to Future Filings? (Y or N)

Maximum Rate Increase for any Arkansas Insured (%)

Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-3C

5 Year History

Selected Provisions

Year	Policy Count	Rate Change History %	Effec. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio
2003	337	-3.47%	07/01/2003	\$452	\$306	67.63%	45.25%
2004	360	4.05%	07/01/2004	\$481	\$169	35.19%	41.92%
2005	360	-0.29%	07/01/2005	\$514	\$57	11.09%	38.94%
2006	373	-4.31%	07/01/2006	\$520	\$137	26.34%	46.33%
2007	361	-2.08%	07/01/2007	\$539	\$130	24.14%	47.87%

A. Total Production Expense	12.62%
B. General Expense	5.50%
C. Taxes, License & Fees	5.29%
D. Underwriting Profit & Contingencies	-0.50%
E. Other (Invest. Inc.)	0.00%
F. TOTAL	22.9%

ARKANSAS INSURANCE DEPARTMENT

Form RF-WC

Rev. 11/95

WORKERS COMPENSATION INSURER RATE FILING
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE: May 1, 2008

1. INSURER NAME Church Mutual Insurance Company

ADDRESS 3000 Schuster Lane, Merrill, WI 54452

PERSON RESPONSIBLE FOR FILING Lynn Reichelt

TITLE Line Director / Work Comp. TELEPHONE NO. 1-800-544-2642 EXT. 4749

2. INSURER NAIC NO. 18767 GROUP NO. N/A

3. ADVISORY ORGANIZATION NCCI

4. ADVISORY ORGANIZATION REFERENCE FILING NO. AR-2008-02 and AR-2008-06

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing. The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE -11.85% EFFECTIVE DATE 07/01/2008

B. PROPOSED PREMIUM LEVEL CHANGE -11.85% EFFECTIVE DATE 07/01/2008

7. A. PRIOR RATE LEVEL CHANGE 1.04% EFFECTIVE DATE 01/01/2008

B. PRIOR PREMIUM LEVEL CHANGE 1.04% EFFECTIVE DATE 01/01/2008

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM" (RF-WC Page 2)
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. CHECK ONE OF THE FOLLOWING:

() The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

(X) The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

04/29/2008

INSURER NAME Church Mutual Insurance Company DATE _____
 NAIC NUMBER 18767

INSURER RATE FILING

ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COST

SUMMARY OF SUPPORTING INFORMATION FORM

CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc., combination to which this page applies _____
Workers' Compensation, CHURCH AND SCHOOL, Class Code 8868

2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing:
 (CHECK ONE)
 Without modification (factor = 1.000)

 X With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____
 Selectivity x LAE _____
 - B. Loss Cost Modification expressed as a Factor (see examples below): 1.08

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

	Selected Provisions
A. Total Production Expense	<u>12.6%</u>
B. General Expense	<u>5.5%</u>
C. Taxes, Licenses and Fees	<u>5.3%</u>
D. Underwriting Profit and Contingencies	<u>6.2%</u>
E. Investment Income	<u>-6.7%</u>
F. Other (explain)	<u>0.0%</u>
G. TOTAL	<u>22.9%</u>

4.
 - A. Expected Loss Ratio: $ELR = 100\% \cdot 3G =$ 77.1%
 - B. ELR in decimal form = 0.771

5. Company Formula Loss Cost Multiplier: $(2B / 4B) =$ 1.399

6. Company Selected Pure Premium Multiplier = 1.260
 Explain any differences between 5 and 6 _____

7. Rate level change for the coverages to which this page applies -14.81%

Example 1: Loss cost modification factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

INSURER NAME Church Mutual Insurance Company DATE _____
 NAIC NUMBER 18767

INSURER RATE FILING

ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COST

SUMMARY OF SUPPORTING INFORMATION FORM

CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc., combination to which this page applies _____
Workers' Compensation, DAY CARE/DAY CAMP-PROF, Class Code 8869
2. Loss Cost Modification:
- A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing:
 (CHECK ONE)
 _____ Without modification (factor = 1.000)
X With the following modification(s). (Cite the nature and percent modification, and attach supporting
 data and/or rationale for the modification.) _____
Selectivity x LAE
- B. Loss Cost Modification expressed as a Factor (see examples below): 1.08
- NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER
 SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.
3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)
- | | |
|--|-------------------------------------|
| A. Total Production Expense | Selected Provisions
<u>12.6%</u> |
| B. General Expense | <u>5.5%</u> |
| C. Taxes, Licenses and Fees | <u>5.3%</u> |
| D. Underwriting Profit and Contingencies | <u>6.2%</u> |
| E. Investment Income | <u>-6.7%</u> |
| F. Other (explain) | <u>0.0%</u> |
| G. TOTAL | <u>22.9%</u> |
4. A. Expected Loss Ratio: $ELR = 100\% \cdot 3G =$ 77.1%
 B. ELR in decimal form = 0.771
5. Company Formula Loss Cost Multiplier: $(2B / 4B) =$ 1.399
6. Company Selected Pure Premium Multiplier = 1.260
 Explain any differences between 5 and 6 _____
7. Rate level change for the coverages to which this page applies -12.16%

Example 1: Loss cost modification factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

INSURER NAME Church Mutual Insurance Company DATE _____
 NAIC NUMBER 18767

INSURER RATE FILING

ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COST

SUMMARY OF SUPPORTING INFORMATION FORM

CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc., combination to which this page applies _____
Workers' Compensation, ALL OTHER EMPLOYEES, Class Code 9D1

2. Loss Cost Modification:

- A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing:
 (CHECK ONE)

_____ Without modification (factor = 1.000)

X With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____
Selectivity x LAE

- B. Loss Cost Modification expressed as a Factor (see examples below): 1.08

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

	Selected Provisions
A. Total Production Expense	<u>12.6%</u>
B. General Expense	<u>5.5%</u>
C. Taxes, Licenses and Fees	<u>5.3%</u>
D. Underwriting Profit and Contingencies	<u>6.2%</u>
E. Investment Income	<u>-6.7%</u>
F. Other (explain)	<u>0.0%</u>
G. TOTAL	<u>22.9%</u>

4. A. Expected Loss Ratio: $ELR = 100\% \cdot 3G =$ 77.1%

B. ELR in decimal form = 0.771

5. Company Formula Loss Cost Multiplier: $(2B / 4B) =$ 1.399

6. Company Selected Pure Premium Multiplier = 1.260
 Explain any differences between 5 and 6 _____

7. Rate level change for the coverages to which this page applies -11.46%

Example 1: Loss cost modification factor: If your company's loss cost modification is -10%, a factor of .90 ($1.000 - .100$) should be used.

Example 2: Loss cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 ($1.000 + .150$) should be used.

INSURER NAME Church Mutual Insurance Company DATE _____
 NAIC NUMBER 18767

INSURER RATE FILING

ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COST

SUMMARY OF SUPPORTING INFORMATION FORM

CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc., combination to which this page applies _____
Workers' Compensation, DAY CARE/DAY CAMP-OTHER EMPL, Class Code 9059

2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing:
 (CHECK ONE)
 _____ Without modification (factor = 1.000)

X With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____
Selectivity x LAE

 - B. Loss Cost Modification expressed as a Factor (see examples below): 1.08

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

	Selected Provisions
A. Total Production Expense	<u>12.6%</u>
B. General Expense	<u>5.5%</u>
C. Taxes, Licenses and Fees	<u>5.3%</u>
D. Underwriting Profit and Contingencies	<u>6.2%</u>
E. Investment Income	<u>-6.7%</u>
F. Other (explain)	<u>0.0%</u>
G. TOTAL	<u>22.9%</u>

 - A. Expected Loss Ratio: $ELR = 100\% \cdot 3G =$ 77.1%
 - B. ELR in decimal form = 0.771
 5. Company Formula Loss Cost Multiplier: $(2B / 4B) =$ 1.399
 6. Company Selected Pure Premium Multiplier = 1.260
 Explain any differences between 5 and 6 _____
 7. Rate level change for the coverages to which this page applies -16.02%

Example 1: Loss cost modification factor: If your company's loss cost modification is -10%, a factor of .90 ($1.000 - .100$) should be used.

Example 2: Loss cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 ($1.000 + .150$) should be used.

INSURER NAME
NAIC NUMBER

Church Mutual Insurance Company
18767

DATE _____

INSURER RATE FILING

ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COST

SUMMARY OF SUPPORTING INFORMATION FORM

CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc., combination to which this page applies _____
Workers' Compensation, RLC-HEALTH CARE EMPL, Class Code 8824

2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing:
(CHECK ONE)
 _____ Without modification (factor = 1.000)

X With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____
Selectivity x LAE

 - B. Loss Cost Modification expressed as a Factor (see examples below): _____ 1.08

- NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

	Selected Provisions
A. Total Production Expense	<u>12.6%</u>
B. General Expense	<u>5.5%</u>
C. Taxes, Licenses and Fees	<u>5.3%</u>
D. Underwriting Profit and Contingencies	<u>6.2%</u>
E. Investment Income	<u>-6.7%</u>
F. Other (explain)	<u>0.0%</u>
G. TOTAL	<u>22.9%</u>

4.
 - A. Expected Loss Ratio: $ELR = 100\% \div 3G =$ _____ 77.1%
 - B. ELR in decimal form = _____ 0.771

5. Company Formula Loss Cost Multiplier: $(2B \div 4B) =$ _____ 1.399

6. Company Selected Pure Premium Multiplier = _____ 1.260
Explain any differences between 5 and 6 _____

7. Rate level change for the coverages to which this page applies _____ 0.00%

Example 1: Loss cost modification factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

INSURER NAME
NAIC NUMBERChurch Mutual Insurance Company
18767

DATE _____

INSURER RATE FILING

ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COST

SUMMARY OF SUPPORTING INFORMATION FORM

CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc., combination to which this page applies _____
Workers' Compensation, SALES OR COLLECTORS, Class Code 8742

2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing:
(CHECK ONE)
 _____ Without modification (factor = 1.000)
X With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____
Selectivity x LAE

 - B. Loss Cost Modification expressed as a Factor (see examples below): _____ 1.08

- NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

	Selected Provisions
A. Total Production Expense	<u>12.6%</u>
B. General Expense	<u>5.5%</u>
C. Taxes, Licenses and Fees	<u>5.3%</u>
D. Underwriting Profit and Contingencies	<u>6.2%</u>
E. Investment Income	<u>-6.7%</u>
F. Other (explain)	<u>0.0%</u>
G. TOTAL	<u>22.9%</u>

4.
 - A. Expected Loss Ratio: $ELR = 100\% \div 3G =$ _____ 77.1%
 - B. ELR in decimal form = _____ 0.771

5. Company Formula Loss Cost Multiplier: $(2B \div 4B) =$ _____ 1.399

6. Company Selected Pure Premium Multiplier = _____ 1.260
Explain any differences between 5 and 6 _____

7. Rate level change for the coverages to which this page applies _____ -17.20%

Example 1: Loss cost modification factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

INSURER NAME Church Mutual Insurance Company DATE _____
 NAIC NUMBER 18767

INSURER RATE FILING

ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COST

SUMMARY OF SUPPORTING INFORMATION FORM

CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc., combination to which this page applies _____

Workers' Compensation, HOSPITAL-OTHER EMPL, Class Code 9040

2. Loss Cost Modification:

- A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing:
 (CHECK ONE)

_____ Without modification (factor = 1.000)

X With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____
Selectivity x LAE

- B. Loss Cost Modification expressed as a Factor (see examples below): 1.08

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

	Selected Provisions
A. Total Production Expense	<u>12.6%</u>
B. General Expense	<u>5.5%</u>
C. Taxes, Licenses and Fees	<u>5.3%</u>
D. Underwriting Profit and Contingencies	<u>6.2%</u>
E. Investment Income	<u>-6.7%</u>
F. Other (explain)	<u>0.0%</u>
G. TOTAL	<u>22.9%</u>

4. A. Expected Loss Ratio: $ELR = 100\% \cdot 3G =$ 77.1%

B. ELR in decimal form = 0.771

5. Company Formula Loss Cost Multiplier: $(2B / 4B) =$ 1.399

6. Company Selected Pure Premium Multiplier = 1.260
 Explain any differences between 5 and 6 _____

7. Rate level change for the coverages to which this page applies -9.77%

Example 1: Loss cost modification factor: If your company's loss cost modification is -10%, a factor of .90 ($1.000 - .100$) should be used.

Example 2: Loss cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 ($1.000 + .150$) should be used.

INSURER NAME Church Mutual Insurance Company DATE _____
 NAIC NUMBER 18767

INSURER RATE FILING

ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COST

SUMMARY OF SUPPORTING INFORMATION FORM

CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc., combination to which this page applies _____
Workers' Compensation, NURSING HOMES, Class Code 8829

2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing:
 (CHECK ONE)
 _____ Without modification (factor = 1.000)

X With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____
Selectivity x LAE

 - B. Loss Cost Modification expressed as a Factor (see examples below): 1.08

- NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

	Selected Provisions
A. Total Production Expense	<u>12.6%</u>
B. General Expense	<u>5.5%</u>
C. Taxes, Licenses and Fees	<u>5.3%</u>
D. Underwriting Profit and Contingencies	<u>6.2%</u>
E. Investment Income	<u>-6.7%</u>
F. Other (explain)	<u>0.0%</u>
G. TOTAL	<u>22.9%</u>

4.
 - A. Expected Loss Ratio: $ELR = 100\% \cdot 3G =$ 77.1%
 - B. ELR in decimal form = 0.771

5. Company Formula Loss Cost Multiplier: $(2B / 4B) =$ 1.399

6. Company Selected Pure Premium Multiplier = 1.260
 Explain any differences between 5 and 6 _____

7. Rate level change for the coverages to which this page applies 0.00%

Example 1: Loss cost modification factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

INSURER NAME Church Mutual Insurance Company DATE _____
 NAIC NUMBER 18767

INSURER RATE FILING

ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COST

SUMMARY OF SUPPORTING INFORMATION FORM

CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc., combination to which this page applies _____
Workers' Compensation, NURSING: HOME HEALTH PROVIDERS, Class Code 8835

2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing:
 (CHECK ONE)
 _____ Without modification (factor = 1.000)

X With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____
Selectivity x LAE

 - B. Loss Cost Modification expressed as a Factor (see examples below): 1.08

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

	Selected Provisions
A. Total Production Expense	<u>12.6%</u>
B. General Expense	<u>5.5%</u>
C. Taxes, Licenses and Fees	<u>5.3%</u>
D. Underwriting Profit and Contingencies	<u>6.2%</u>
E. Investment Income	<u>-6.7%</u>
F. Other (explain)	<u>0.0%</u>
G. TOTAL	<u>22.9%</u>

4.
 - A. Expected Loss Ratio: $ELR = 100\% \cdot 3G =$ 77.1%
 - B. ELR in decimal form = 0.771

5. Company Formula Loss Cost Multiplier: $(2B / 4B) =$ 1.399

6. Company Selected Pure Premium Multiplier = 1.260
 Explain any differences between 5 and 6 _____

7. Rate level change for the coverages to which this page applies 0.00%

Example 1: Loss cost modification factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.

INSURER NAME Church Mutual Insurance Company DATE _____
 NAIC NUMBER 18767

INSURER RATE FILING

ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COST

SUMMARY OF SUPPORTING INFORMATION FORM

CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc., combination to which this page applies _____
Workers' Compensation, HOUSING AUTHORITY, Class Code 9033

2. Loss Cost Modification:

- A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing:
 (CHECK ONE)

_____ Without modification (factor = 1.000)

X With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____
Selectivity x LAE

- B. Loss Cost Modification expressed as a Factor (see examples below): 1.08

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

	Selected Provisions
A. Total Production Expense	<u>12.6%</u>
B. General Expense	<u>5.5%</u>
C. Taxes, Licenses and Fees	<u>5.3%</u>
D. Underwriting Profit and Contingencies	<u>6.2%</u>
E. Investment Income	<u>-6.7%</u>
F. Other (explain)	<u>0.0%</u>
G. TOTAL	<u>22.9%</u>

4. A. Expected Loss Ratio: $ELR = 100\% \div 3G =$ 77.1%

B. ELR in decimal form = 0.771

5. Company Formula Loss Cost Multiplier: $(2B \div 4B) =$ 1.399

6. Company Selected Pure Premium Multiplier = 1.260
 Explain any differences between 5 and 6 _____

7. Rate level change for the coverages to which this page applies 0.00%

Example 1: Loss cost modification factor: If your company's loss cost modification is -10%, a factor of .90 ($1.000 - .100$) should be used.

Example 2: Loss cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 ($1.000 + .150$) should be used.

INSURER NAME Church Mutual Insurance Company DATE _____
 NAIC NUMBER 18767

INSURER RATE FILING

ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COST

SUMMARY OF SUPPORTING INFORMATION FORM

CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc., combination to which this page applies _____
Workers' Compensation, CAMP OPERATION NOC, Class Code 9015
2. Loss Cost Modification:
 A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing:
 (CHECK ONE)
 _____ Without modification (factor = 1.000)
X With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____
Selectivity x LAE
- B. Loss Cost Modification expressed as a Factor (see examples below): 1.08
- NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.
3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)
- | | | |
|----|---------------------------------------|---------------------|
| A. | Total Production Expense | Selected Provisions |
| | | <u>12.6%</u> |
| B. | General Expense | <u>5.5%</u> |
| C. | Taxes, Licenses and Fees | <u>5.3%</u> |
| D. | Underwriting Profit and Contingencies | <u>6.2%</u> |
| E. | Investment Income | <u>-6.7%</u> |
| F. | Other (explain) | <u>0.0%</u> |
| G. | TOTAL | <u>22.9%</u> |
4. A. Expected Loss Ratio: $ELR = 100\% - 3G =$ 77.1%
 B. ELR in decimal form = 0.771
5. Company Formula Loss Cost Multiplier: $(2B / 4B) =$ 1.399
6. Company Selected Pure Premium Multiplier = 1.260
 Explain any differences between 5 and 6 _____
7. Rate level change for the coverages to which this page applies -21.93%

Example 1: Loss cost modification factor: If your company's loss cost modification is -10%, a factor of .90 ($1.000 - .100$) should be used.

Example 2: Loss cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 ($1.000 + .150$) should be used.

INSURER NAME
NAIC NUMBERChurch Mutual Insurance Company
18767

DATE

INSURER RATE FILING

ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COST

SUMMARY OF SUPPORTING INFORMATION FORM

CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc., combination to which this page applies

Workers' Compensation, OFFICES, Class Code 8810

2. Loss Cost Modification:

- A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing:
-
- (CHECK ONE)

 Without modification (factor = 1.000) X With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.)
Selectivity x LAE

- B. Loss Cost Modification expressed as a Factor (see examples below):

1.08

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

	Selected Provisions
A. Total Production Expense	<u>12.6%</u>
B. General Expense	<u>5.5%</u>
C. Taxes, Licenses and Fees	<u>5.3%</u>
D. Underwriting Profit and Contingencies	<u>6.2%</u>
E. Investment Income	<u>-6.7%</u>
F. Other (explain)	<u>0.0%</u>
G. TOTAL	<u>22.9%</u>

4. A. Expected Loss Ratio:
- $ELR = 100\% \div 3G =$
- 77.1%

B. ELR in decimal form = 0.771

5. Company Formula Loss Cost Multiplier:
- $(2B \div 4B) =$
- 1.399

6. Company Selected Pure Premium Multiplier =
- 1.260
-
- Explain any differences between 5 and 6

7. Rate level change for the coverages to which this page applies
- 12.16%

Example 1: Loss cost modification factor: If your company's loss cost modification is -10%, a factor of .90 ($1.000 \div 1.100$) should be used.Example 2: Loss cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 ($1.000 + .150$) should be used.

INSURER NAME Church Mutual Insurance Company DATE _____
 NAIC NUMBER 18767

INSURER RATE FILING

ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COST

SUMMARY OF SUPPORTING INFORMATION FORM

CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc., combination to which this page applies _____
Workers' Compensation, CARPENTRY, Class Code 5403

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing:
 (CHECK ONE)

_____ Without modification (factor = 1.000)

X With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____
Selectivity x LAE

B. Loss Cost Modification expressed as a Factor (see examples below): 1.08

NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

	Selected Provisions
A. Total Production Expense	<u>12.6%</u>
B. General Expense	<u>5.5%</u>
C. Taxes, Licenses and Fees	<u>5.3%</u>
D. Underwriting Profit and Contingencies	<u>6.2%</u>
E. Investment Income	<u>-6.7%</u>
F. Other (explain)	<u>0.0%</u>
G. TOTAL	<u>22.9%</u>

4. A. Expected Loss Ratio: $ELR = 100\% \cdot 3G =$ 77.1%

B. ELR in decimal form = 0.771

5. Company Formula Loss Cost Multiplier: $(2B / 4B) =$ 1.399

6. Company Selected Pure Premium Multiplier = 1.260
 Explain any differences between 5 and 6 _____

7. Rate level change for the coverages to which this page applies -18.25%

Example 1: Loss cost modification factor: If your company's loss cost modification is -10%, a factor of .90 ($1.000 - .100$) should be used.

Example 2: Loss cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 ($1.000 + .150$) should be used.

INSURER NAME Church Mutual Insurance Company DATE _____
 NAIC NUMBER 18767

INSURER RATE FILING

ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COST

SUMMARY OF SUPPORTING INFORMATION FORM

CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc., combination to which this page applies _____
Workers' Compensation, DRIVERS, Class Code 7380
2. Loss Cost Modification:
- A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing:
 (CHECK ONE)
 _____ Without modification (factor = 1.000)
X With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/or rationale for the modification.) _____
Selectivity x LAE
- B. Loss Cost Modification expressed as a Factor (see examples below): 1.08
- NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.
3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)
- | | |
|--|---------------------|
| A. Total Production Expense | Selected Provisions |
| | <u>12.6%</u> |
| B. General Expense | <u>5.5%</u> |
| C. Taxes, Licenses and Fees | <u>5.3%</u> |
| D. Underwriting Profit and Contingencies | <u>6.2%</u> |
| E. Investment Income | <u>-6.7%</u> |
| F. Other (explain) | <u>0.0%</u> |
| G. TOTAL | <u>22.9%</u> |
4. A. Expected Loss Ratio: $ELR = 100\% \cdot 3G =$ 77.1%
 B. ELR in decimal form = 0.771
5. Company Formula Loss Cost Multiplier: $(2B / 4B) =$ 1.399
6. Company Selected Pure Premium Multiplier = 1.260
 Explain any differences between 5 and 6 _____
7. Rate level change for the coverages to which this page applies -26.13%

Example 1: Loss cost modification factor: If your company's loss cost modification is -10%, a factor of .90 ($1.000 - .100$) should be used.

Example 2: Loss cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 ($1.000 + .150$) should be used.

INSURER NAME Church Mutual Insurance Company DATE _____
 NAIC NUMBER 18767

INSURER RATE FILING

ADOPTION OF RATING ORGANIZATION PROSPECTIVE LOSS COST

SUMMARY OF SUPPORTING INFORMATION FORM

CALCULATION OF COMPANY LOSS COST MULTIPLIER

1. Line, Subline, Coverage, Territory, Class, etc., combination to which this page applies _____
Workers' Compensation, ALL REMAINING CLASSES

2. Loss Cost Modification:
 - A. The insurer hereby files to adopt the prospective loss costs in the captioned Reference Filing:
 (CHECK ONE)
 _____ Without modification (factor = 1.000)
 X With the following modification(s). (Cite the nature and percent modification, and attach supporting
 data and/or rationale for the modification.) _____
 Selectivity x LAE _____

 - B. Loss Cost Modification expressed as a Factor (see examples below): _____ 1.08

- NOTE: IF EXPENSE CONSTANTS ARE UTILIZED, ATTACH "EXPENSE CONSTANT SUPPLEMENT" OR OTHER
 SUPPORTING INFORMATION. DO NOT COMPLETE ITEMS 3-7 BELOW.

3. Development of Expected Loss Ratio. (Attach exhibit detailing insurer expense data and/or other supporting information.)

	Selected Provisions
A. Total Production Expense	12.6%
B. General Expense	5.5%
C. Taxes, Licenses and Fees	5.3%
D. Underwriting Profit and Contingencies	6.2%
E. Investment Income	-6.7%
F. Other (explain)	0.0%
G. TOTAL	22.9%

4. A. Expected Loss Ratio: $ELR = 100\% - 3G =$ _____ 77.1%
 B. ELR in decimal form = _____ 0.771

5. Company Formula Loss Cost Multiplier: $(2B / 4B) =$ _____ 1.399

6. Company Selected Pure Premium Multiplier = _____ 1.260
 Explain any differences between 5 and 6 _____

7. Rate level change for the coverages to which this page applies _____ -13.82%

Example 1: Loss cost modification factor: If your company's loss cost modification is -10%, a factor of .90 (1.000 - .100) should be used.

Example 2: Loss cost modification factor: If your company's loss cost modification is +15%, a factor of 1.15 (1.000 + .150) should be used.